



FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under PL. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

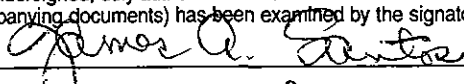
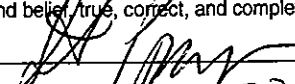
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 538-156	2. PERIOD COVERED MO DAY YEAR From 01 01 2000 Through 12 31 2000	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name _____ Last Name _____ P.O. Box • Building and Room Number (if any) 2-A Number and Street 111-02 JAMAICA AVE. City RICHMOND HILLS State NY ZIP Code + 4 11418-		
4. AFFILIATION OR ORGANIZATION NAME STEPHEN PAPAGEORGE (2) 538-156 HOTEL EMPL, RESTAURANT EMPL AFL-CIO 130 LU 37 111-02 JAMAICA AVE # 2-A RICHMOND HILLS, NY 11418 12/2000 			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number	
11	H.E.R.E. Int'l Union Health & Welfare Fund
14	H.E.R.E. Int'l Union Pension Fund
16	The books and records have been reviewed by outside accountant and will be reviewed by a parent body auditor
Sch-9+10	Steven Papageorge (S/T) is also a salaried employee of the H.E.R.E. Int'l Union
	Include auto expenses which may have been used Partially personally.

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:  3 1 7 1 0 1 (718) 850-7760 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  3 1 7 1 0 1 (718) 850-7760 Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? ☐ Yes ☒ No
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☒ Yes ☐ No
12. Have a political action committee (PAC) fund? ☐ Yes ☒ No
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☐ Yes ☒ No
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☒ Yes ☐ No
15. Discover any loss or shortage of funds or other property? ☐ Yes ☒ No
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☒ Yes ☐ No
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ Yes ☒ No

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 2405

19. What is the date of your organization's next regular election of officers? MO 06 YEAR 2002

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 500,000

21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>26.00 to 31.00</u> per <u>Month</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>52.00 to 62.00</u>
(c) Transfer Fees	\$ <u>0.25</u>
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ☐ Yes ☒ No
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ Yes ☒ No
24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ Yes ☒ No

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 538-156

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
ASSETS	25. Cash			271,740	322,366
	26. Accounts Receivable			67,000	67,000
	27. Loans Receivable	1			
	28. U.S. Treasury Securities				
	29. Investments	2			
	30. Fixed Assets	5		13,080	5,468
	31. Other Assets	3		12,500	12,500
	32. TOTAL ASSETS			341,298	396,084
LIABILITIES	LIABILITIES		From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item				
	33. Accounts Payable			61,500	62,500
	34. Loans Payable	8			
	35. Mortgages Payable				
	36. Other Liabilities <i>Payroll tax</i>	4		45	419
	37. TOTAL LIABILITIES			61,545	62,919
38. NET ASSETS (Item 32 less Item 37)			279,753	333,165	

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 538-156

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues		820776	56. To Officers	9	110023
40. Per Capita Tax			57. To Employees	10	91950
41. Fees		31363	58. Per Capita Tax		326325
42. Fines			59. Fees, Fines, Assessments, etc.		
43. Assessments			60. Office & Administrative Expense	13	67297
44. Work Permits			61. Educational & Publicity Expense ...		
45. Sale of Supplies			62. Professional Fees		54400
46. Interest		8860	63. Benefits	11	40575
47. Dividends			64. Contributions, Gifts & Grants	12	1900
48. Rents			65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6		66. Direct Taxes		20617
50. Loans Obtained	8		67. Withholding Taxes		77807
51. Repayments of Loans Made	1		68. Purchase of Investments & Fixed Assets	7	5410
52. On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	
53. From Members for Disbursement on Their Behalf			70. Repayment of Loans Obtained	8	
54. Other Receipts	14	4139	71. To Affiliates of Funds Collected on Their Behalf		
			72. On Behalf of Individual Members ...		
			73. Other Disbursements	15	18208
55. TOTAL RECEIPTS		865138	74. TOTAL DISBURSEMENTS		814512

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 538-156

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> ↑ Item 27 Column (A) ↑ Item 69 ↑ Item 51 ↑ Item 75 with Explanation ↑ Item 27 Column (B) </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in Item 29, Column (B)	

FILE NUMBER: 538-156

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. Security Deposit	1250
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1250
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Payroll tax payable	419
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	419
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: **538-156**

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	26589	21121	5468	5468
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	26589	21121	5468	5468
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 538-156

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Equipment	5410	5410	5410
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	5410	5410	5410
	7. Less Reinvestments		
	8. Net Purchases		5410
Enter the Total from Line 8 in ↑ Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in ↑ Item 34 Column (C) ↑ Item 50 ↑ Item 70 ↑ Item 75 with Explanation ↑ Item 34 Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 538-156

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. PAPAGEORGE Title S/T	STEPHEN Status C	70225	0	7754	0	77979
2. SANTOS Title PRESIDENT	JAMES Status C	17572	0	3662	0	21234
3. VALLELY Title VP	MICHAEL Status C	48179	0	2157	0	50336
4. GOMEZ Title EX. BOARD	HERIBER Status C	0	500	73	0	573
5. ECHEVARRIA Title EX. BOARD	LUIS Status C	0	450	0	0	450
6. HIGGINS Title EX. BOARD	MICHAEL Status C	0	2800	0	0	2800
7. VARGAS Title EX. BOARD	CARMEN Status C	0	450	0	0	450
8. Totals from additional pages (if any)		0	1,200	0	0	1,200
9. Totals of Lines 1 through 8		135,976	5,400	13,646		155,022
				10. Less Deductions 44999		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 110023		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 538-156

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. Last Name: LUCIANO First Name: EDWIN Position: BA Name of Affiliated Organization:	42493	0	1665	0	44158
2. Last Name: FIORILLO First Name: SILVANA Position: ADM. ASST. Name of Affiliated Organization:	47130	0	0	0	47130
3. Last Name: MANZO First Name: NORMA Position: CLERK Name of Affiliated Organization:	25596	0	0	0	25596
4. Last Name: First Name: Position: Name of Affiliated Organization:					
5. Last Name: First Name: Position: Name of Affiliated Organization:					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	7,608	0	266	0	7,874
8. Totals of Lines 1 through 7	122,827	0	1,931	0	124,758
			9. Less Deductions 32808		
Enter the Total from Line 10 in..... Item 57 =>			10. Net Disbursements 91950		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 538-156

Description (A)	To Whom Paid (B)	Amount (C)
1. Staff, Welfare & Hospital	Fund	20,698
2. Staff, Pension	Fund	19,877
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		40,575
Enter the Total from Line 6		Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Donation - Charity	1,900
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1,900
Enter the Total from Line 8 in Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE


Description (A)	Amount (B)
1. Rent	22,500
2. Telephone	9,879
3. Ptg, Postage & office	10,716
4. Insurance & Bonding	4,099
5. Org. Neg & Meeting - Direct	8,280
6. Flowers & Memorials	213
7. Total from additional pages (if any)	11,610
8. Total of Lines 1 through 7	67,297
Enter the Total from Line 8 in Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. Outdated Checks Voided	334
2. Rebate & Exchanges Receipts	598
3. Refund - office Expense	25
4. Refund - Payroll Tax	212
5. Due Deduction	2,083
6. Miscellaneous	887
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	4139
Enter the Total from Line 17 in  Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

FILE NUMBER: 538 - 156

Description (A)	Amount (B)
1. Refund O.L. & D.M.G.	3,013
2. Exchange	590
3. Dues Deduction Paid	2,158
4. Loss of Time	7,473
5. N.G. Checks Returned	124
6. Arbitration Expense	3,580
7. Miscellaneous	445
8. Per Diem Expense	825
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	18208
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME:
HOTEL, EMPL, RESTAURANT EMPL AFL-CIO LOCAL 37

ENDING DATE OF PERIOD COVERED:
December 31, 2000

FILE NUMBER: 538-156

PAGE 1 OF 1 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name LELLA First Name LINDA Title TRUSTEE Status C		0	600	0	0	600
Last Name SCHEDLBAUER First Name JOHN Title TRUSTEE Status C		0	600	0	0	600
Last Name CHIMELIS First Name RENE Title TRUSTEE Status C		0	0	0	0	0
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Totals		0	1,200	0	0	1,200

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Last Name _____ First Name _____						
Title _____ Status _____						
Totals						

Hotel Empl, Restaurant Empl.
Local 37
December 31, 2000

Page = 1 of 1 Additional Page

SCHEDULE 11 — BENEFITS

(Continued)

FILE NUMBER: 538-156

Description (A)	To Whom Paid (B)	Amount (C)
1.		
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		
Enter the Total from Line 6		↑ Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	
Enter the Total from Line 8 in ↑ Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Hotel & Carriers-Direct Chg	5,998
2. Cleaning, Maintenance & Repairs	2,320
3. Christmas Expenses	1,279
4. General office Expenses	2,013
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	11,610
to original Schedule 13 Line 7 ↑ Enter the Total from Line 8 in Item 60	

